



# NASW

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TESTIMONY REGARDING SB-957: AN ACT CONCERNING THE  
OVERSIGHT OF HEALTH CARE IN CORRECTIONAL INSTITUTIONS  
BY THE DEPARTMENT OF PUBLIC HEALTH.

Public Health Committee

February 22, 2023

Presented By: Kathleen Callahan, MSW

Dear Honorable Chairpersons Anwar and McCarthy Vahey, Ranking Members Somers and Klarides-Ditria, Vice Chairs Kushner, Marx, and Parker, and all other Members of the Public Health Committee of the Connecticut General Assembly:

My name is Kathleen Callahan, a resident of Stratford, and a co-chair of the National Association of Social Workers Connecticut Chapter's Education and Legislative Action Network (NASW/CT ELAN). I am testifying on behalf of the chapter which represents over 2,300 members regarding *SB-957: An Act Concerning the Oversight of Health Care in Correctional Institutions by the Department of Public Health*.

The annual legislative agenda of NASW/CT always includes a section on policing, justice, and prison reform. When considering the work this committee did last session with SB-488, which was signed into law as PA 22-133, we knew we would support efforts to continue the effort and intention of the bill. At the start of this session we joined the Regulate DOC Healthcare CT Coalition.

We call for the implementation and enforcement of the statutory plan addressing the provision of health care services, including, but not limited to, mental health care, substance use disorder and dental care services, to individuals incarcerated in Connecticut correctional facilities. We ask this iteration of the Public Health Committee to be bold and courageous and implement both regulation and oversight of the health care within our correctional institutions.

Connecticut is the only state where the Department of Corrections (DOC) operates and oversees its own healthcare system. Incarcerated individuals have a constitutional right to receive adequate health care and it state's obligation to deliver services as proactively, responsively, and compassionately as we would all expect from our own providers.

There are many indications that we are failing to meet our obligations as will be shared by others' testimony today and can be verified by a quick search via Google. From a social worker perspective, we recall the data from 2020 Connecticut Sentencing

Commission's Memorandum on Mental Health Care Need Classifications in Connecticut's Incarcerated Population: "*Over 86% of females were classified as having a mental health disorder requiring active treatment, compared to 25% of males.*"<sup>1</sup>

These classifications did not reflect substance misuse treatment needs and a recent article indicates they will release a new report next month showing **nearly 80% of Connecticut's incarcerated population requires treatment for behavioral health care, whether mental health, substance misuse, or both.**<sup>2</sup> These numbers may shock many of you but sadly, these are the numbers shared with me by colleagues since my first visit to York Correctional Institution many years ago.

The DOC cannot effectively and efficiently deliver, regulate, and oversee, the physical health of those incarcerated, let alone the co-occurring behavioral health issues.

There is a gender issue to be addressed and we also see this as an issue of racial equity. **More than half of those currently incarcerated in Connecticut hail from just 6 cities;** yet those cities - Bridgeport, Hartford, New Britain, New London, New Haven, and Waterbury – are only 17% of the state's total population.<sup>3</sup> The problems in our correctional healthcare system are contributing to poor health outcomes for incarcerated individuals, returning citizens and economic burdens on their families.

Healthy People 2030, the fifth of the initiative from the United States Department of Health & Human Services that identifies public health priorities, has included Incarceration to one of its five determinants, Social and Community Context: "*Incarceration is a mechanism to punish criminal offenses, but it can affect the health and well-being of those currently incarcerated, those with a history of incarceration, and their families and communities.*"<sup>4</sup>

Social workers are fundamentally rooted in the belief that an individual must be seen within the context and complexity of their human experience through the environmental context in which they live, learn, and act. We understand the importance of the social determinants of health and our profession has long played a role in advancing public health.

In 2021, the DOC contracted with Health Management Associates (HMA) to assess and make recommendations for the current correctional health care system. HMA partnered with the National Commission on Correctional Healthcare (NCCHC) Resources, Inc. and applied NCCHC definitions, standards, and requirements throughout the assessment.<sup>5</sup>

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<sup>1</sup> <https://ctsentencingcommission.org/wp-content/uploads/2022/12/Mental-Health-Memo.pdf>.

<sup>2</sup> <https://www.ctinsider.com/news/article/CT-prison-inmates-mental-health-substance-abuse-17713051.php>

<sup>3</sup> <https://www.prisonpolicy.org/origin/ct/2020/report.html>.

<sup>4</sup> <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration>.

<sup>5</sup> [https://portal.ct.gov/-/media/DOC/Pdf/Coronavirus-3-20/IMS-Assessment-Report-to-CT-DOC-022821\\_051021.pdf](https://portal.ct.gov/-/media/DOC/Pdf/Coronavirus-3-20/IMS-Assessment-Report-to-CT-DOC-022821_051021.pdf).

46 states are currently regulated by NCCHC today and they are a known and trusted source in our state. We believe our Department of Public Health (DPH) is the ideal regulatory body to leverage their standards. DPH has the authority, experience, and infrastructure – and can build the capacity – to collaborate with NCCHC to adhere to their standards and accreditation immediately while reviewing and refining the needs of Connecticut’s complex correctional healthcare system for long-term regulation.

NASW/CT calls for oversight by establishing an independent, third-party Correctional Health Review Board to receive reports on health outcomes for incarcerated individuals and returning citizens, healthcare staffing reports, health related incident reports, provided policy and procedure recommendations. This will provide an opportunity for a diverse group of outside, invested parties to review the work – those previously incarcerated, those from communities with high rates of incarceration, equity advocates, community health workers, medical and behavioral health professionals, a legal professional, a Regulate DOC Healthcare CT Coalition member, Ombudsman of the Corrections Advisory Committee... Oversight is done best when done by those who know the problem best.

In closing, NASW/CT urges the committee to update the language of SB-957 to establish a) DPH as the regulating body and b) an independent oversight process for the DOC healthcare system. We **strongly** support the state meeting its obligation of delivering necessary, preventative health care services to the incarcerated residents of Connecticut.

With respect and gratitude for your service and consideration,

Kathleen Callahan  
NASW/CT ELAN Chair  
Stratford, CT